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Date: November 8, 2004

To: Health Care Providers and Public Health Professionals

From: Susan Lett, M.D., M.P.H., Medical Director, Massachusetts Immunization Program

Re: Influenza Case and Death Reporting

BACKGROUND

As you are aware, the 2003-2004 influenza season peaked earlier than usual and was more severe than recent seasons. Early outbreaks of influenza were associated with several pediatric deaths and the Centers for Disease Control and Prevention (CDC) requested that states report influenza-associated pediatric deaths. Avian influenza outbreaks were reported in poultry in both Southeast Asia and North America. Additionally, human infection with avian influenza was reported in Thailand and Vietnam. As a result, influenza-associated deaths have been added to the list of nationally notifiable conditions. The following paragraphs outline the steps necessary for providers in Massachusetts to report influenza.

SURVEILLANCE AND REPORTING

Reporting Cases and Deaths

During the current influenza season, the Massachusetts Department of Public Health (MDPH) requests that the following be reported immediately by telephone to the local board of health and MDPH at (617) 983-6800.

- All deaths related to influenza, in children < 18 years of age and pregnant women
- Unusually severe cases of influenza
- Any confirmed or suspect cases of influenza with encephalopathy
- Clusters of influenza-like illness in children, pregnant women or adults
- All clusters of influenza-like illness in long term care facilities or other high risk institutional settings

Long-term care facilities should also report outbreaks of influenza in their facilities to the Division of Health Care Quality at (800) 462-5540, ext 38156 (accident/incident line).

Laboratory Reporting

Since February 2003, the Disease Reporting, Surveillance and Isolation and Quarantine Requirements (105 CMR 300.000) have required laboratory results indicative of influenza to be reported by providers and laboratories. Influenza cases confirmed by both rapid influenza diagnostic testing and viral isolation should be reported to the local board of health and faxed to the MDPH, as described below.

1. **Positive rapid influenza diagnostic test results** can be batched and submitted using the *Rapid Influenza Diagnostic Testing Report Form* which should be faxed on a weekly basis to MDPH, Integrated Surveillance and Informatics Services (ISIS) at (617) 983-6220. This non-name based surveillance teleform is a list that reduces the number of variables collected on each patient, simplifying reporting requirements for each provider. Blank *Rapid Influenza Diagnostic Testing Report Forms* and instructions for their completion can be obtained by calling (617-983-6801).
2. **Positive culture and PCR results** can be faxed in your routine laboratory report format to (617) 983-6813. (Please note this is a different fax number than those used for submitting the *Rapid Influenza Diagnostic Testing Report Form* described above.)

Some commercial laboratories can electronically transmit influenza diagnostic testing results directly to the Office of Integrated Surveillance and Informatics Services at MDPH.

Enhanced Surveillance for Avian Influenza

Since December 2003, there have been several reports of H5N1 poultry outbreaks in nine Asian countries (Cambodia, China, Indonesia, Japan, Laos, Malaysia, South Korea, Thailand and Vietnam). To date a total of 44 laboratory-confirmed cases of avian influenza in humans have been reported in Vietnam and Thailand. Of these cases 73% have died. Although there has been no evidence of sustained person-to-person transmission there is a probable instance in Thailand of limited person-to-person transmission in a family.

In order to identify cases of influenza A (H5N1) imported into the United States from Asia, the CDC continues to recommend enhanced surveillance in travelers with severe unexplained respiratory illness returning from H5N1-affected countries. Please use the following criteria for case identification and notify MDPH (617-983-6800) immediately of any patients who meet **both** of the following criteria:

- Patients seen or hospitalized with unexplained pneumonia, acute respiratory distress syndrome (ARDS), or severe respiratory illness
- AND**
- Travel to Asia within 10 days from onset of symptoms

DIAGNOSTIC TESTING

In suspected cases of avian influenza, viral isolation and typing of influenza isolates is of utmost importance. For unusual influenza cases and clusters MDPH will assist in obtaining appropriate diagnostic specimens for viral isolation and typing at the State Laboratory Institute, as well as subtyping, as indicated, at the CDC. Please call (617) 983-6800 and ask to speak with an immunization epidemiologist to arrange for testing.

Influenza morbidity data can be found at the following MDPH website:

<http://www.mass.gov/dph/cdc/epii/flu/flusur.htm>. In addition, the latest information about influenza vaccine availability, prioritization and other recommendations can be found at the main MDPH influenza website: <http://www.mass.gov/dph/flu>

Any questions concerning specific situations may be directed to the Division of Epidemiology and Immunization at (617) 983-6800.